



APPLICATION FOR BUILDING PERMIT

PLEASE PRINT AND PRESS HARD - ALL FOUR COPIES MUST BE LEGIBLE

ISSUED IN OHIO UNDER AUTHORITY OF:

- | | | |
|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Bexley | <input type="checkbox"/> Groveport | <input type="checkbox"/> Westerville |
| <input type="checkbox"/> Columbus | <input type="checkbox"/> Hilliard | <input type="checkbox"/> Whitehall |
| <input type="checkbox"/> Dublin | <input type="checkbox"/> New Albany | <input type="checkbox"/> Worthington |
| <input type="checkbox"/> Franklin Co. | <input type="checkbox"/> Powell | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Gahanna | <input type="checkbox"/> Reynoldsburg | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Grove City | <input type="checkbox"/> Upper Arlington | <input type="checkbox"/> _____ |

Zoning _____ District _____ Date _____

Dwelling or Bldg. Permit No. _____

Plan No. _____ Addenda No. _____

BUILDING LOT

Has deed for this lot been recorded? ☐ YES ☐ NO
If answer is NO, approval of Planning Commission is necessary before lot can be recorded.

1. IDENTIFICATION		STREET ADDRESS	CITY/ZIP		
OWNER'S NAME					
BLDR./CONTR. NAME					
ARCH./ENG. NAME					

2. Street and number location _____ Lot Number _____ Acres _____
 A. N S E W side of _____ ☐ Private St. Sq. Ft. _____
 B. _____ feet, N S E W, from intersection of _____
 3. Subdivision _____ Township _____ Municipality _____
 Nearest Major Intersection _____
 4. County Auditor's Taxing District _____ Parcel No. _____

A. TYPE OF IMPROVEMENT <input type="checkbox"/> New Building <input type="checkbox"/> Repair, replacement <input type="checkbox"/> Addition-Alteration <input type="checkbox"/> Other _____		NON-RESIDENTIAL <input type="checkbox"/> Church or religious <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Industrial <input type="checkbox"/> Parking Garage <input type="checkbox"/> Office, Bank <input type="checkbox"/> Accessory Garage <input type="checkbox"/> School <input type="checkbox"/> Public Works <input type="checkbox"/> Other _____		FEE SCHEDULE Initial _____ Occupancy _____ Footage _____ Zoning _____ Alter./Add. _____ Plan Exam. _____ Other _____ TOTAL _____
B. OWNERSHIP <input type="checkbox"/> Private <input type="checkbox"/> Public (Federal, State, Local) <input type="checkbox"/> Non-Profit		E. PRINCIPAL TYPE OF FRAME <input type="checkbox"/> Masonry (wall bearing) <input type="checkbox"/> Structural Steel <input type="checkbox"/> Wood Frame <input type="checkbox"/> Reinforced concrete <input type="checkbox"/> Other _____		
C. COST (Omit Cents) \$ _____ .00		F. TYPE OF HEATING FUEL <input type="checkbox"/> Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Other _____		
D. TYPE OF USE RESIDENTIAL <input type="checkbox"/> One family <input type="checkbox"/> Two family <input type="checkbox"/> Three family <input type="checkbox"/> Four or more family. <input type="checkbox"/> Accessory Garage <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Other _____ Total No. of Bedrooms: _____ Bathrooms: _____		G. TYPE OF SEWAGE DISPOSAL <input type="checkbox"/> Public Sewer <input type="checkbox"/> Private system H. TYPE OF WATER SUPPLY <input type="checkbox"/> Public <input type="checkbox"/> Private (well, cistern)		
BUILDING CONTAINS _____ Gross Sq. Ft. _____ Living Area _____ Sq. Ft. _____ Garage BUILDING DIMENSIONS _____ _____ _____				

Separate Permits: Separate permits are required for electric wiring, heating and ventilating, plumbing, moving, wrecking, shoring, use of public property, and tents.

Inspection: Inspections must be called for 24 hours in advance for footer, all rough inspections, insulation, pre-lath, final for certificate of occupancy.

The owner of this building and undersigned, do hereby covenant and agree to comply with all the laws of the State of Ohio and the ordinances of this jurisdiction, pertaining to building and buildings, and to construct the proposed building or structure or make the proposed change or alteration in accordance with the plans and specifications submitted herewith, and certify that the information and statements given on this application, drawings and specifications are to the best of their knowledge, true and correct.

Application by _____ Address _____
 Owner's or Agent's Signature _____

DO NOT WRITE BELOW THIS LINE (Office Use)

Plan Examiner's Approval: _____ Date _____	Zoning Approval: _____ Date _____	Issuing Authorities Approval: _____ Date _____
Signature _____	Signature _____	Signature _____

DISTRIBUTION: WHITE—Issuing Authority; YELLOW—BIA; PINK—Co. Auditor's Copy; GOLDENROD—Applicant's Copy